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7590

12/10/2004

Paul A. Leipold  
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<i>June P. Carfagna</i>	(Depositor's name)
<i>June P. Carfagna</i>	(Signature)
<i>February 24, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/034,721

12/28/2001

Huijuan D. Chen

83710B-W

2122

TITLE OF INVENTION: INK JET INK SET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KLEMANSKI, HELENE G	1755	106-031600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Doreen M. Wells*  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**EASTMAN KODAK COMPANY**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**343 STATE STREET, ROCHESTER, NY 14650-2201**

03/01/2005 HBIZUNE2 00000011 10034721

02 FC:1504

1400.00 OP  
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_**4b. Payment of Fee(s):**☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).**5. Change in Entity Status (from status indicated above)**☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Paul A. Leipold*

Date

*2/24/05*

Typed or printed name

*Paul A. Leipold*

Registration No.

*26,664*

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